Image# 13941196613 PAGE 1 / 29

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Of Other	IIIaii Aii 2	Authorized				Office Use On	ly
1.	NAME OF COMMITTE	E (in full)	TYPE OR	PRINT ▼		mple: If typi r the lines.	ing, type	12FE4M	5	
A	merican A	Academy of	Family I	Physicians	s Political	Action C	ommittee			
ΑD	DRESS (numb	per and street)	1133 Co	nnecticut Aven	ue, NW					
·	Check	if different	Suite 11	00						
		eviously d. (ACC)	Washing	gton				DC	20036	
2.	FEC IDENT	TIFICATION NU	JMBER ▼		CITY 🛦		5	STATE A	ZIP	CODE A
	C C004	411553		3	B. IS THIS REPORT	\	NEW (N) OR	A (A	MENDED A)	
4.	TYPE OF (Choose One		(b) Moi Rep		Feb 20 (M2)		May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Duc		Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Ap	ril 15			Apr 20 (M4)	×	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
		larterly Report (C ly 15	(c)	12-Day PRE-Election		Primary (12F	P)	General	(12G)	Runoff (12R)
		arterly Report (C	Q2)	Report for th		Convention	(12C)	Special	(12S)	
	Qu Jar	nuary 31 ar-End Report (Y		EI	ection on	M M /	D D /	Y Y Y Y		ne te of
	Jul Re	y 31 Mid-Year port (Non-electio ar Only) (MY)	(d)	30-Day POST-Election	on 📗	General (30	G)	Runoff	(30R)	Special (30S)
		rmination Report ER)		Report for th	e: ection on	M = M /	D D /	Y	in the State	ne te of
5.	Covering Pe	eriod 06	M / D 01		13	through	M M M	/ D D 30	2013	Y
	-	ave examined th			st of my kno	wledge and	belief it is true	e, correct ar	nd complete.	
Typ	oe or Print Na	ime of Treasure	r Randell	K. Wexler, MD						
Sig	nature of Trea	asurer Rand	lell K. Wexler	, MD		[Electronical]	ly Filed] D	ate 07	M / 19	2013
NO	TE: Submissio	on of false, erron	eous, or inc	omplete inform	nation may su	ubject the per	rson signing th	is Report to	the penalties of	2 U.S.C. §437g.
ı	Office Use									ORM 3X 2/2004
	Only	1					1	I		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 06 01 2013 To: 06 30 2013

COLUMN A
This Period Calendar Year-to-Date

		This Period	Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2013		402087.22			
	(b) Cash on Hand at Beginning of Reporting Period	383697.27				
	(c) Total Receipts (from Line 19)	15774.21	221929.13			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	399471.48	624016.35			
7.	Total Disbursements (from Line 31)	42721.90	267266.77			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	356749.58	356749.58			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report (Covering the Period: From: 06	5 01 2013 To	o: 06 30 2013
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) I	ributions (other than loans) From: ndividuals/Persons Other Than Political Committees		
	i) Itemized (use Schedule A)	10529.89	150452.31
	ii) Unitemizediii) TOTAL (add	5244.32	62641.16
`	Lines 11(a)(i) and (ii)	15774.21	213093.47
	Political Party Committees	0.00	0.00
` (such as PACs) Total Contributions (add Lines	0.00	0.00
	I1(a)(iii), (b), and (c)) (Carry Fotals to Line 33, page 5)	15774.21	213093.47
	sfers From Affiliated/Other Committees	0.00	0.00
13. All Lo	pans Received	0.00	0.00
	Repayments Received	0.00	0.00
(Refu	ts To Operating Expenditures inds, Rebates, etc.)	0.00	
16. Refur	y Totals to Line 37, page 5)	0.00	1335.66
Politic	deral Candidates and Other	0.00	7500.00
(Divid	r Federal Receipts dends, Interest, etc.) sfers from Non-Federal and Levin Funds	0.00	0.00
(a) N	on-Federal Account from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) To	otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))▶	15774.21	221929.13
	Federal Receipts ract Line 18(c) from Line 19)▶	15774.21	221929.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period			
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	721.90	3048.44		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	721.90	3048.44		
22.	Transfers to Affiliated/Other Party				
23	CommitteesContributions to	0.00	0.00		
-0.	Federal Candidates/Committees and Other Political Committees	42000.00	263500.00		
24.	Independent Expenditures	0.00	0.00		
25.	(use Schedule E)	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	0.00		
7.	Loans Made	0.00	0.00		
28.	Refunds of Contributions To: (a) Individuals/Persons Other				
	Than Political Committees	0.00	718.33		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees		0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds	0.20			
	(add Lines 28(a), (b), and (c))▶	0.00	718.33		
29.	Other Disbursements	0.00	0.00		
RΛ	Federal Election Activity (2 U.S.C. §431(20))				
<i>.</i>	(a) Allocated Federal Election Activity				
	(from Schedule H6)	200	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely	2.22	0.00		
	With Federal Funds	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	42721.90	267266.77		
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	42721.90	267266.77		
	from Line 31)	42721.90	201200.11		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	15774.21	213093.47
4. Total Contribution Refunds (from Line 28(d))	0.00	718.33
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15774.21	212375.14
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	721.90	3048.44
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1335.66
8. Net Operating Expenditures (subtract Line 37 from Line 36)	721.90	1712.78

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	FOR LINE NUMBER:						6	OF		29
(check only one)										
×	11a		11b		11c		12	2		
	13		14		15		16	6		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) John W Aldis MD		Date of Receipt
Mailing Address 4911 River Rd		06 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2347848
Shepherdstown	WV 25443-5066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SAIC-Frederick	Medical Monitor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Timothy K Atkinson MD		Date of Receipt
Mailing Address 50 Leroy St	M M / D D / Y Y Y Y Y	
Canton-Potsdam Hospital City	State Zip Code	06 28 2013 Transaction ID : C2362569
Potsdam	NY 13676-1786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Justin V Bartos MD		Date of Receipt
Mailing Address 4300 Cagle Dr Ste 200		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2359887
North Richland Hills	TX 76180-8380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	
North Hills Family Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	252.00	
SUBTOTAL of Receipts This Page (optional)		792.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:				PAGE		7	OF		29	
(check only one)										
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karla L Birkholz MD Mailing Address 6320B W Union Hills Dr Ste 2300 City Glendale FEC ID number of contributing federal political committee. Name of Employer Your Family Physician Receipt For: Primary General Other (specify)	State Zip Code AZ 85308-7112 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D 2013 Transaction ID: C2352870 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd 201 Cassel Dr City Kingsport FEC ID number of contributing federal political committee. Name of Employer Quillen College of Medicine Receipt For: Primary General Other (specify)	State Zip Code TN 37664-2117 C Occupation Professor, Family Medicine Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M / D D / Y 2013 Transaction ID : C2347849 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) David Etcyl Blair MD Mailing Address 7417 Old Lantern Dr SE City Caledonia FEC ID number of contributing federal political committee. Name of Employer Advantage Health Physician Network Receipt For: Primary General Other (specify)	State Zip Code MI 49316-9004 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	715.00
TOTAL This Period (last page this line numb	er only)	

1 OIT LINE HOMBLIN				PAGE	=	8	OF		29	
(check only one)										
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee ly Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Mary F Campagnolo MD Mailing Address 1561 Route 38 Ste 6	y i ffysicians i childa Action Commi	Date of Receipt
City	State Zip Code	06 23 2013 Transaction ID : C2359888
Lumberton	NJ 08048-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Virtua Medical Group, Marlton NJ	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD		Date of Receipt
Mailing Address PO BOX 506		06 30 2013
City Huntingdon	State Zip Code TN 38344-0506	Transaction ID : C2362691 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Self-Employed	Occupation Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 11501 Redwood Way		06 28 2013
City Louisville	State Zip Code KY 40223-2362	Transaction ID : C2362586 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Baptist Healthcare	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	al)	565.00
TOTAL This Period (last page this line nur	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	PAGE		9	OF		29				
(check only one)										
X 1	1a	11b		11c		12				
1	3	14		15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial) 1. Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St		M = M / D = D / Y = Y = Y
OU Physicians Family Medi		06 03 2013
City	State Zip Code OK 73104-5420	Transaction ID : C2341161
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	454.54
Name of Employer	Occupation	
University of Oklahoma	Physician Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2272.70	
Full Name (Last, First, Middle Initial) 3. Byron James Crouse MD		Date of Receipt
Mailing Address 5825 Osmundsen Ct		06 28 2013
City	State Zip Code	Transaction ID : C2362566
Fitchburg	WI 53711-5146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
University of Wisconsin	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) C. Jose M David MD		Date of Receipt
Mailing Address 804 Huntington Ct		06 25 2013
City	State Zip Code	Transaction ID : C2360410
Albany	NY 12203-6015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	
St Peters Health Partners Medical Asso	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogato roar to bato v	
Other (specify) ▼	1250.01	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1236.21
TOTAL This Period (last page this line numb	er only)	

FOF	PAGE	. 1	10	OF	29				
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16	;	17

NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Thomas Allen Felger MD		Date of Receipt
Mailing Address 51181 Kings Xing		06 17 2013
City	State Zip Code	Transaction ID : C2353229
Granger	IN 46530-8812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Wanda D Filer MD	•	Date of Receipt
Mailing Address 510 Aqua Ct		06 02 2013
City	State Zip Code	Transaction ID : C2341116
York	PA 17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	350.00
Name of Employer	Occupation	
Strategic Health Institute	<u>'</u>	
Receipt For:	Family Physician	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Jeffrey Scott Grove MD	·	Date of Receipt
Mailing Address 11 Baymont St Apt 1002		06 01 2013
City	State Zip Code	Transaction ID : C2341088
Clearwater	FL 33767-1720	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	250.00
Name of Employer	Occupation	1
Suncoast Family Medical Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
	·	1100.00

F							· '	11	OF		29	
(c	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16	;		17	

or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	
,	ly Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Carletta Hauck		Date of Receipt
Mailing Address Exec Dir - SD AFP 3912 Golf Course Rd		06 01 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2341089
Watertown	SD 57201-5412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	_
SD AFP	Exec Dir	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	ragiogate real to Date V	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		06 04 2013
City	State Zip Code	Transaction ID : C2341641
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Sioux Valley Health Systems	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) Thu Nguyen Howell Howell		Date of Receipt
Mailing Address 2222 Neilson Way Unit 301		06 22 2013
City	State Zip Code	Transaction ID : C2359873
Santa Monica	CA 90405-2281	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	\dashv
Self	Physician	
Receipt For:		\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (option	al)	285.00
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	
TOTAL This Period (last page this line nur	mber only)	

1 OIL LINE HOMBEIL					PAGE	. 1	12	OF		29
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tochi I L Iroku-Malize MD Mailing Address PO Box 369 City Islip FEC ID number of contributing federal political committee. Name of Employer North Shore LIJ Health System Receipt For: Primary General Other (specify)	State Zip Code NY 11751-0369 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 28 2013 Transaction ID: C2362577 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Amr Sabry Kamhawy MD Mailing Address 33358 Waterberry Cir		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Waukee FEC ID number of contributing federal political committee.	State Zip Code IA 50263-7011	Transaction ID : C2352867 Amount of Each Receipt this Period 500.00
Name of Employer I.H.S. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gregory King MD Mailing Address 1120 Vail Rd City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bennington FEC ID number of contributing federal political committee. Name of Employer Primary Care Health Partners - VT, LLP Receipt For: Primary General Other (specify) Other	VT 05201-9597 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	650.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jerry E Kruse MD Date of Receipt Mailing Address 612 N 11Th St Ste B 2013 City State Zip Code Transaction ID: C2352873 62301-2662 Quincy IL Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Southern Illinois University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin K Kurohara MD Date of Receipt Mailing Address 75 Puuhonu Pl Ste 205 06 17 2013 City State Zip Code Transaction ID: C2352869 HI Hilo 96720-2000 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert B Laibstain MD Date of Receipt Mailing Address 6072 River Cres 2013 06 17 City Zip Code State Transaction ID: C2352875 Norfolk VA 23505-4707 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation TPMG - Newport News Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1115.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

ı	FOR	TOTAL HOMBETT					· '	14	OF		29
	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Academy of Family	he name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Daniel Scott Lewis MD Mailing Address 35 Earlington Dr City Greeneville FEC ID number of contributing federal political committee. Name of Employer Takoma Medical Associates Receipt For: Primary General Other (specify)	State Zip Code TN 37743-8511 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Teresa Grossman Lovins MD Mailing Address 4365 N Riverside Dr City Columbus FEC ID number of contributing federal political committee. Name of Employer Columbus Regional Health Receipt For: Primary General Other (specify)	State Zip Code IN 47203-1124 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 06 28 2013 Transaction ID : C2362587 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address PO Box 289 100 Serendipity Dr City Brent FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code AL 35034-0289 C Occupation Physician Aggregate Year-to-Date ▼ 575.00	Date of Receipt M M / D D / 2013 Transaction ID: C2353230 Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional).	>	540.00

	FOR LIN	NE NU	PAGE	15 OI	Ξ			
Use separate schedule(s)	(check o	nly or	ne)					
for each category of the Detailed Summary Page	X 11a	ı	11b		11c		12	
	13		14		15		16	Γ

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address PO Roy 289		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		06 28 2013
City	State Zip Code	Transaction ID : C2362578
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	575.00	
Full Name (Last, First, Middle Initial) 3. Ranit Mishori MD		Date of Receipt
Mailing Address 2729 Dumbarton St NW	70	06 19 / Y Y Y Y Y Y
City	State Zip Code DC 20007-3322	Transaction ID : C2354479
Washington	DC 20007-3322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Georgetown University School of Medici	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) C. Anne M Montgomery MD	I .	Date of Receipt
Mailing Address 1708 S Martin St		06 24 2013
City	State Zip Code	Transaction ID : C2359912
Spokane	WA 99203-3751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
self	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		665.00
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NOMI (check only one)

					PAGE	•	16	OF		29	
(check only one)											
X	11a		11b		11c		12				
	13		14		15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Dale C Moquist MD Date of Receipt Mailing Address 4318 Lake Walk Ct 80 2013 City State Zip Code Transaction ID: C2347620 TX 77459-3268 Missouri City Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Name of Employer Occupation Family Physician Memorial Family Medicine Residency Receipt For: Aggregate Year-to-Date ▼ Primary General 454.55 Other (specify) Full Name (Last, First, Middle Initial) B. Leonard Daniel Reeves MD Date of Receipt Mailing Address GA Health Sciences Univ MCG NW GA Heritage hall 415 E Third Avenue 06 80 2013 City State Zip Code Transaction ID: C2347637 GΑ Rome 30161 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation

GHSU Receipt For: Primary General Other (specify)	Physician-Asst Dean Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		06 10 2013
City	State Zip Code	Transaction ID: C2373709
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Wright State University BSM	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

690.91

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

29

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Porfirio Rodriguez MD Date of Receipt Mailing Address PO BOX 832 2013 28 City Zip Code State Transaction ID: C2362573 TX 78582-0832 Rio Grande City Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Family Health Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sarah L Sams MD Date of Receipt Mailing Address 2994 Frazell Rd 06 30 2013 City State Zip Code Transaction ID: C2362690 OH Hilliard 43026-9785 Amount of Each Receipt this Period FEC ID number of contributing 122.00 federal political committee. Name of Employer Occupation Ohio Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 466.00 Other (specify) Full Name (Last, First, Middle Initial) c. Glen R Stream MD Date of Receipt Mailing Address 1708 S Martin St 06 19 2013 City Zip Code State Transaction ID: C2387100 WA Spokane 99203-3751 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Rockwood Clinic physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 872.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the **Detailed Summary Page**

					PAGE	 18	OF	29	
(c	he	ck only	or	ne)					
[X	11a		11b		11c	12		
		13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Maureen P Strohm MD Date of Receipt Mailing Address 3835 Fairmeade Rd 2013 28 City State Zip Code Transaction ID: C2362560 CA 91107-2229 Pasadena Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Eisenhower Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Erica Williams Swegler MD Date of Receipt Mailing Address 300 N Rufe Snow Dr 06 20 2013 City State Zip Code Transaction ID: C2373710 TX Keller 76248-4235 Amount of Each Receipt this Period FEC ID number of contributing 102.27 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 386.36 Other (specify) Full Name (Last, First, Middle Initial) c. Pamela W Tuck MD Date of Receipt Mailing Address 4135 Atlanta Hwy 30 2013 06 City State Zip Code Transaction ID: C2362692 AL Montgomery 36109-3022 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For:

SUBTOTAL of Receipts This Page (optional)			7			7		5	17.2	:7	
TOTAL This Period (last page this line number only)			7	_	Ξ	7	I				

250.00

Aggregate Year-to-Date ▼

Primary

Other (specify)

General

FOR	LINE	ИU	MBER	:	PAGE	19	OF	29
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16		17

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD Mailing Address PO BOX 960		Date of Receipt
		06 10 2013
City	State Zip Code	Transaction ID : C2347851
Castroville	TX 78009-0960	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	†
Self	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 584.00	
Full Name (Last, First, Middle Initial)	35.00	
Mailing Address 1011 Handsome PI		Date of Receipt 06 28 2013
City	State Zip Code	Transaction ID : C2362575
Lititz	PA 17543-9708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Reading Hospital Famliy Medicine Resid	Occupation Family Physician/Faculty Associate	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		06 05 2013
City	State Zip Code GA 30533-1603	Transaction ID : C2342972
Dahlonega	GA 30533-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Chestatee Regional Hospital	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	786.50
TOTAL This Period (last page this line numb	ner only).	10529.89

ľ

S	CHEDULE B (FEC Form 3X)			F	OR L	LINE N	IUMBER:	:			PAGE	20	OF 29
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		check	only	one)				. –	¬	
			Summary Page		X	21b	22		23 20h	24		25	26
_						27	28a		28b	28		29	30
	ny information copied from such Reports and Statem for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full)												
	American Academy of Family Phys	icians P	Political Action	on C	om	mitte	ee						
_	Full Name (Last, First, Middle Initial)						- .						
Α.	American Express						Date of Disbursement						
	Mailing Address PO Box 53852						06		03	3		2013	
	,	State	Zip Code				Trans	sactio	n ID	D146	062		
	Phoenix Purpose of Disbursement	AZ	85072-3852										
	Bank card processing fee Candidate Name						Amoun	t of E	Each I	Disbur	semei	nt this	Period
					tegory Type	y/					,		2.11
		Primary	General										
	State: District:	Other (spec	city) 🔻										
_	Full Name (Last, First, Middle Initial)					_							
В.	American Express						Date o	f Dist	ourser	ment			
	Mailing Address PO Box 53852						06	/	04			2013	Y
	Phoenix	State AZ	Zip Code 85072-3852				Trans	sactio	on ID	: D146	063		
	Purpose of Disbursement Bank card processing fee			П			Amoun	t of E	Each I	Disbur	semei	nt this	Period
	Candidate Name				tegory Type	y/						1	6.25
		nent For: Primary Other (spec	General cify) ▼										
_	Full Name (Last, First, Middle Initial)						Date o	f Dick	ourcor	mont			
Ο.	American Express						M M	1 0131	D	_	V	YY	V
	Mailing Address PO Box 53852						06		05			2013	
		State AZ	Zip Code 85072-3852				Trans	sactio	on ID	: D146	064		
	Purpose of Disbursement Bank card processing fee			_	-	\neg	Amaun	+ of F	-aab l	Diabuw		at thic	Doriod
	Candidate Name				tegory	y/	Amoun	LOIE	acri	DISDUI	seme	-	8.13
	Office Sought: House Disbursen	nent For:	L						,		7		
		Primary	General										
		Other (spec	cify) 🔻										
	State: District:												
H	SUBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)					_				-		20	5.49

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER					PΛΩΕ	: 21	OF	29		
	EMIZED DISBURSEMENTS		ate schedule(s)	FOR LINE NUMBER: (check only one)			R: PAGE 21 OF						23	
11	LIVIIZED DISDUNSEIVIEN IS		ategory of the	'		21b 22 23 24						25		7 26
		Detailed Su	ımmary Page			27	28a		28b	\vdash	28c	29		30b
Δr	y information copied from such Reports and Staten	nents may no	t be sold or use	ed by	anv	persor	n for the	pur	nose (of so	licitina a	contrib	ution	s
	for commercial purposes, other than using the nam													J
	NAME OF COMMITTEE (In Full)													
$ \ \rangle$	American Academy of Family Phys	icians Po	olitical Actio	on C	om	mitte	ee							
\angle	, , ,													
Α.	Full Name (Last, First, Middle Initial)						D - 1	۲ ۲۰						
A.	American Express						Date o	_						
	Mailing Address PO Box 53852						M M M	/	0	6		y y 2013	Y	
	ag / taa 500 1 O DOX 55052						00	4	U	J		2013	-	
	City	State	Zip Code				T		ian in	. 54	46000			
	Phoenix	AZ	85072-3852				ırans	sacti	ion ID	: טו	46628			
	Purpose of Disbursement Bank Card Processing Fee				-		Α			D: ,			Б.	
	Candidate Name						Amoun	ıt Oİ	∟ach	DISD	urseme	nt this	Peri	od
	Candidate Name				egor ype	y/			_ "				3.25	
	Office Sought: House Disbursen	nent For:		- 1	ype				7		7	-		_
		Primary	General											
	President	Other (specif	y) ▼											
	State: District:													
_	Full Name (Last, First, Middle Initial)													
В.	American Express					Date o	f Dis	sburse	men	t				
	Moiling Address DO 7						M = M	/	D	D		Y Y	Y	
	Mailing Address PO Box 53852						06	_	0	7		2013	-	
	City	State	Zip Code				T		ion in		46666			
	Phoenix	AZ	85072-3852				Trans	sact	ion ID	: D1	46629			
	Purpose of Disbursement Bank Card Processing Fee				_					. .			_	
	Candidate Name			<u></u>	_		Amoun	t of	∟ach	Disb	urseme	nt this	Peri	od
	Candidate Name			Cate		y/						1	4.77	
	Office Sought: House Disbursen	nent For		17	ype				1		,			
		Primary	General											
		Other (specif												
_	State: District:													
	Full Name (Last, First, Middle Initial)													
C.	American Express						Date o	f Dis	sburse	men	t			
	Matter Address Bo B						M M	1		D		Y Y	Y	
	Mailing Address PO Box 53852						06	_	1	0		2013	-	
	City 5	State	Zip Code								4000-			
	Phoenix	AZ	85072-3852				Trans	sact	ıon ID	: D1	46630			
	Purpose of Disbursement Bank Card Processing Fee				-	\neg								
				<u>L.</u>			Amoun	t of	Each	Disb	urseme	nt this	Peri	od
	Candidate Name				egor	y/							5.69	
	Office Sought: House Disbursen	ent For:		F	ype			-	7	-	7			ш
		Primary	General											
		Other (specif												
	State: District:	(F - 5	·· •											
Г	<u> </u>							-	-	-		_		
s	UBTOTAL of Disbursements This Page (optional)					•			.00			2	3.71	
\vdash														
Т	OTAL This Period (last page this line number only)					•	1 .		m -		(8)			

S 17

SC	CHEDULE B (FEC Form 3X)			F	OR	LINE	NUMBE	R:			PAGI	E 22 (OF	29	
ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the) (k only	′	_	7.55						
			Summary Page		×	21b	22	<u>,</u>	23		24	25		26	
<u> </u>		<u> </u>				27	28		28b		28c	29		30b	
	y information copied from such Reports and Staten for commercial purposes, other than using the nam													;	
	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	sicians P	Political Acti	on C	Com	mitt	ee								
	Full Name (Last, First, Middle Initial)														
Α.	American Express						Date of Disbursement								
	Mailing Address PO Box 53852						06 12 2013								
		State	Zip Code				Tra	nsac	tion ID	٠. ٦	146949				
	Phoenix Diskussion of Diskussi	AZ	85072-3852				110	11340			140545				
	Purpose of Disbursement Bank Card Processing Fee						Amo	unt o	f Each	Dis	burseme	ent this	Perio	od	
	Candidate Name				tegor Type	ry/			-				5.22		
	Office Sought: House Disbursen	nent For:	I												
		Primary	General												
		Other (spec	cify) 🔻												
	State: District:														
	Full Name (Last, First, Middle Initial)						Doto	of D	iohuroa	mo	nt				
D.	American Express						Date	OI D	isburse						
	Mailing Address PO Box 53852						0	м 6		4	/ Y	2013	Y		
	City 5	State	Zip Code												
	Phoenix	AZ	85072-3852				Tra	nsac	tion ID) : D	146950				
	Purpose of Disbursement Bank Card Processing Fee				_	\neg	Amo	unt o	f Each	Dis	burseme	ent this	Perio	od	
	Candidate Name				tegor	y/			-			1	0.56		
	Office Courbb				Type			-	7		- 7		0.00	_	
	Office Sought: House Disbursen Senate		General												
		Primary Other (spec													
	State: District:	Cinci (opor	<i>,</i>												
	Full Name (Last, First, Middle Initial)													•	
C.	American Express						Date	of D	isburse	eme	nt				
	NA ''' A LL						M	M	/ D		/ Y	0040	Υ		
	Mailing Address PO Box 53852						0	o .	2	1		2013			
	City 5	State	Zip Code												
		AZ	85072-3852				Tra	nsac	tion ID) : D	146951				
	Purpose of Disbursement				_	\neg									
	Bank Card Processing Fee						Amo	unt o	f Each	Dis	burseme	nt this	Perio	bd	
	Candidate Name				tegor	y/						ç	9.75	П	
	Office Sought: House Disbursen	nent For			Туре			_	7		- 7			-	
		Primary	General												
		Other (spec													
	State: District:		-												
	,							_	-				. = :	$\overline{}$	
s	UBTOTAL of Disbursements This Page (optional)					•			7		- 7	26	6.53		
														\neg	
To	OTAL This Period (last page this line number only)								7						

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check on	(check only one)			
	Detailed Summary Page	X 21b		23 24 25 26		
		27	28a	28b 28c 29 30b		
Any information copied from such Reports and Sta or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)						
American Academy of Family Ph	ysicians Political Acti	on Commi	ttee			
Full Name (Last, First, Middle Initial)						
A. American Express			Date of Di	sbursement		
Mailing Address PO Box 53852			06	24 2013		
City	State Zip Code		Transact	ion ID : D146952		
Phoenix Purpose of Disbursement	AZ 85072-3852					
Bank Card Processing Fee			Amount of	Each Disbursement this Period		
Candidate Name		Category/ Type		11.86		
	sement For:					
Senate President	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. American Express			Date of Di	sbursement		
American Express			M = M /	D D / Y Y Y Y		
Mailing Address PO Box 53852			06	27 2013		
City Phoenix	State Zip Code AZ 85072-3852		Transact	ion ID : D146953		
Purpose of Disbursement	03012-3032		-			
Bank Card Processing Fee			Amount of	Each Disbursement this Period		
Candidate Name		Category/ Type		1.37		
Office Sought: House Disburs	sement For:					
Senate	Primary General					
State: President District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Bank Of America Merchant Servi	ces		Date of Di	sbursement		
Mailing Address WA2-505-01-40 PO Box 2485			06	03 2013		
City Spokane	State Zip Code WA 99210-2485		Transact	ion ID : D146057		
Purpose of Disbursement			-			
Bank card processing fee			Amount of	Each Disbursement this Period		
Candidate Name		Category/ Type		631.94		
Office Sought: House Disburs	sement For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)	·····•		645.17		
				704.00		
TOTAL This Period (last page this line number or	ly)			721.90		

SCHEDULE B (FEC Form 3X)	11	le e els 1. 7. Y	FOR LINE I	NUMBER:	PAGE 24 OF 29					
ITEMIZED DISBURSEMENTS	Use separate scl		(check only							
	Detailed Summa		21b 27	22 X	23 24 25 26 28b 28c 29 30					
Any information copied from such Reports and State										
or for commercial purposes, other than using the na	me and address of	any politica	I committee to	solicit contrib	outions from such committee.					
NAME OF COMMITTEE (In Full)	ololono Deliste	al A a4!a ::	. Com							
American Academy of Family Phy	sicians Politica	ai Actior	1 Committ	ee						
Full Name (Last, First, Middle Initial)										
A. COMMITTEE FOR A LIVABLE FU	ITURE				sbursement					
Mailing Address 830 NE Holladay Street				06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Room 105										
City Portland	State Zip Co OR 97232			Transact	ion ID : D146416					
Purpose of Disbursement	97232									
Campaign contribution			: : II	Amount of	Each Disbursement this Period					
Candidate Name			Category/		2500.00					
Office Sought: House Disburse	ment For:		Туре		1000.00					
Senate		General								
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial)	TO 1000001	,		Data of Di	aha					
B. LEADERSHIP FOR TODAY AND	TOMORROW	1			sbursement					
Mailing Address 625 3rd St NE Apt 2			06	04 2013						
City	State Zip Co			Transact	tion ID : D146131					
Washington Purpose of Disbursement	DC 20002	2-4942								
Campaign contribuion				Amount of	Each Disbursement this Period					
Candidate Name			Category/ Type		2500.00					
	ment For:									
Senate President	Primary Other (specify) ▼	General								
State: District:	Office (appears)									
Full Name (Last, First, Middle Initial)										
C. ORRINPAC				Date of Di	sbursement					
Mailing Address 175 S. WEST TEMPLE SUITE 65	0			06	20 2013					
011.	01-1-	1 -								
City SALT LAKE CITY	State Zip Co UT 8410			Transact	tion ID : D146520					
Purpose of Disbursement										
Campaign contribution				Amount of	Each Disbursement this Period					
Candidate Name			Category/ Type		2500.00					
Office Sought: House Disburse	ment For:		Туре							
Senate	Primary	General								
President	Other (specify) ▼									
State: District:										
SUPTOTAL of Dishuramenta This Dage (estional)					7500.00					
SUBTOTAL of Disbursements This Page (optional).			······	-	7 7					
TOTAL This Period (last page this line number only	·)				A-1-1-A-1-1-A-1-					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 28 28 28 29
	<u> </u>	27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	sicians Political Actio	on Committ	ee
Full Name (Last, First, Middle Initial)			
A. JOHN D. DINGELL FOR CONGRE	ESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 607 14th Street, NW			06 20 2013
City	State Zip Code		
City Washington	DC 20005		Transaction ID : D146414
Purpose of Disbursement	2000		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	3500.00
Rep. John D. Dingell		Туре	2500.00
	ment For: 2014		
Senate President	Primary General		
State: MI District: 15	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. VOLUNTEERS FOR SHIMKUS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 661			06 20 2013
•	State Zip Code		Transaction ID : D146415
COLLINSVILLE Purpose of Disbursement	IL 62234		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. John Shimkus		Type	2500.00
Office Sought: House Disburser	ment For: 2014		
	Primary General		
President	Other (specify) ▼		
State: IL District: 19			
Full Name (Last, First, Middle Initial)	-00		Date of Disbursement
c. KURT SCHRADER FOR CONGRI	200		M M / D D / Y Y Y Y
Mailing Address PO Box 3314			06 20 2013
,	State Zip Code		Transaction ID : D146419
Oregon City Purpose of Disbursement	OR 97045		- · · · · ·
Campaign contribution			Amount of Fook Dishuranant this Davis
Candidate Name		Cotogorii	Amount of Each Disbursement this Period
Rep. Kurt Schrader		Category/ Type	2500.00
	ment For: 2014		
Senate X	Primary General		
President	Other (specify) ▼		
State: OR District: 05			
			7500.00
SUBTOTAL of Disbursements This Page (optional)		······	7500.00
TOTAL This Pariod (last page this line number only)			
TOTAL This Period (last page this line number only))		

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF 29
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	sicians Political Acti	on Committ	ee
Full Name (Last, First, Middle Initial)	. =		Date of Dishausansant
A. COMMITTEE TO ELECT MICHEL	LE LUJAN GRISHA	M	Date of Disbursement
Mailing Address 2015 DIETZ PL NW			06 04 2013
City	State Zip Code		Transaction ID : D145990
ALBUQUERQUE	NM 87107		Transaction id . D145990
Purpose of Disbursement Campaign contribution - 2012 primary debt			Amount of Each Disbursement this Period
Candidate Name	_	Category/	2500.00
Rep. Michelle Lujan Lujan Grishan	ment For: 2012	Type	
Senate President	Primary General Other (specify) ▼		2012 Primary Debt
State: NM District: 01			
Full Name (Last, First, Middle Initial)			Data of Diskumanust
B. ROGERS FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 581			06 04 2013
City Brighton	State Zip Code MI 48116		Transaction ID : D145991
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Mike Rogers	. =	Туре	1000.00
	ment For: 2014 Primary General		
President	Other (specify) ▼		
State: MI District: 08			
Full Name (Last, First, Middle Initial)	-00		Date of Disbursement
c. MIKE THOMPSON FOR CONGRI	=55		
Mailing Address 5429 Madison Avenue			06 04 2013
City	State Zip Code		Transaction ID - D445000
Sacramento	CA 95841		Transaction ID: D145989
Purpose of Disbursement Campaign contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. Mike Thompson		Category/ Type	2500.00
	ment For: 2014	.,,,,	
Senate President	Primary General Other (specify)		
State: CA District: 01	, , , ,		
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	6000.00
TOTAL This Period (last page this line number only	·)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 29
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	(s) (check only	
	Detailed Summary Pag	27	28a 28b 28c 29 30
Any information copied from such Reports and States or for commercial purposes, other than using the nar	ments may not be sold or ne and address of any po	used by any persolitical committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	sicians Political Ac	tion Committ	tee
Full Name (Last, First, Middle Initial)			Data of Dishamourant
A. NANCY PELOSI FOR CONGRES	S		Date of Disbursement
Mailing Address 607 14th Street, NW			06 20 2013
City	State Zip Code		
Washington	DC 20005		Transaction ID : D146418
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	3500.00
Rep. Nancy Pelosi		Type	2500.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary Genera Other (specify) ▼	I	
State: CA District: 08			
Full Name (Last, First, Middle Initial)			
B. TIBERI FOR CONGRESS			Date of Disbursement
Mailing Address 2931 E Dublin Granville Road Ste 2000			06 20 2013
City Columbus	State Zip Code OH 43231		Transaction ID : D146524
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Pat Tiberi		Type	2500.00
	ment For: 2014 Primary Genera Other (specify)	l	
Full Name (Last, First, Middle Initial)			
C. PAUL TONKO FOR CONGRESS			Date of Disbursement
Mailing Address 911 Central Avenue			06 04 2013
City	State Zip Code		Tuesday ID D440400
Albany	NY 12206		Transaction ID : D146129
Purpose of Disbursement Campaign contribuion			
			Amount of Each Disbursement this Period
Candidate Name Rep. Paul Tonko		Category/	2500.00
•	ment For: 2014 Primary Genera	Type	
President State: NY District: 21	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			7500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 28 OF 29			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)					
TI EIMELD DIODONOLINENTO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26			
	Dotailed Guillinary 1 age	27	28a 28b 28c 29 30b			
Any information copied from such Reports and States						
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		•				
$ \; angle$ American Academy of Family Phys	sicians Political Acti	on Committ	ee			
Full Name (Last, First, Middle Initial)						
A. ROSKAM FOR CONGRESS COM	Date of Disbursement					
			M = M / D = D / Y = Y = Y			
Mailing Address P. O. BOX 713			06 04 2013			
City	State Zip Code					
WHEATON	IL 60187		Transaction ID : D146130			
Purpose of Disbursement						
Campaign contribuion			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Peter Roskam	mont For: 0044	Туре	1000.00			
Office Sought: House Disburser Senate	nent For: 2014 Primary General					
President	Other (specify)					
State: IL District: 06	₹1					
Full Name (Last, First, Middle Initial)						
B. HOYER FOR CONGRESS			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address 700 13th Street, NW			06 04 2013			
Ste 307 City	State Zip Code					
Washington	DC 20005		Transaction ID : D146070			
Purpose of Disbursement						
Campaign contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	2500.00			
Rep. Steny H. Hoyer Office Sought: House Disburse	ment For: 2014	Туре	7			
Senate Seaghti	Primary General					
President	Other (specify) ▼					
State: MD District: 05						
Full Name (Last, First, Middle Initial)						
C. STIVERS FOR CONGRESS			Date of Disbursement			
Mailing Address 4679 Winterset Drive			06 20 2013			
Mailing Address 4679 Willierset Drive			20 2013			
City	State Zip Code		Transaction ID : D146413			
Columbus	OH 43220		Transaction ID . D140413			
Purpose of Disbursement Campaign contribution						
Candidate Name			Amount of Each Disbursement this Period			
Rep. Steve Stivers		Category/ Type	2500.00			
•	ment For: 2014	- 5/6-5				
Senate	Primary General					
President	Other (specify) ▼					
State: OH District: 15						
			6000 00			
SUBTOTAL of Disbursements This Page (optional)		·····	6000.00			
TOTAL This Period (last page this line number only	1					
i i i i i i i i i i i i i i i i i i i						

SCHEDULE B (FEC Form 3X)	Hee estate to be	.la/a\ I	FOR LINE NUMBER: PAGE 29 OF 29				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	the Corlock o	• '				
	Detailed Summary Pa			23 24 25 26 28b 28c 29 30			
Any information copied from such Reports and Stater	nents may not be sold of						
or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
American Academy of Family Phys	sicians Political A	Action Comm	nittee				
/ Full Name (Last, First, Middle Initial)							
A. TEXANS FOR SENATOR JOHN CORNYN INC			Date of D	Date of Disbursement			
			M M M	/ D D / Y Y Y Y Y			
Mailing Address PO BOX 13026			06	20 2013			
City	State Zip Code		Tecnos	tion ID + D146447			
AUSTIN	TX 78711		ıransac	tion ID : D146417			
Purpose of Disbursement Campaign contribution			Amount of	f Each Disbursement this Period			
Candidate Name		Category/	IGain 0				
Sen. John Cornyn		Type	_	5000.00			
	ment For: 2014						
Senate President	Primary Gene Other (specify) ▼	erai					
State: TX District: 00	omor (opeony) ▼						
Full Name (Last, First, Middle Initial)							
B. TOM PAC			Date of D	Disbursement			
AA-III			M M M	/ D D / Y Y Y Y			
Mailing Address PO BOX 752			06	20 2013			
•	State Zip Code		Transac	ction ID : D146427			
DES MOINES Purpose of Disbursement	IA 50303						
Campaign contribution			Amount of	f Each Disbursement this Period			
Candidate Name		Category/	1				
		Type	_	2500.00			
Office Sought: House Disburser							
Senate President	Other (specify) —	eral					
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
c.			Date of D	Disbursement			
Mailing Address			M = M	/ D D / Y Y Y Y			
Mailing Address							
City	State Zip Code						
Purpose of Disbursement			_				
. a.pooo or Dispursellicitt			Amount of	f Each Disbursement this Period			
Candidate Name		Category/	Amount 0	. Laur Dispuisement this Peliod			
		Type	_	7			
Office Sought: House Disburser							
Senate President	Primary Gene Other (specify) ▼	erai					
State: District:	Julio (Specify) ▼						
SUBTOTAL of Disbursements This Page (optional)		······		7500.00			
				42000.00			
TOTAL This Period (last page this line number only)				42000.00			